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TRANSMITTAL UNDER 37 CFR 1.53(b)		ATTORNEY DOCKET 87266RLO Customer No. 01333		
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Aexandria, VA. 22313-1450		CV293510327U	S	
A FULL-COLOR ORGANIC DISPLAY H	AVING D	Date:	6.04	
IMPROVED BLUE EMISSION	1			3. P
First Named Inventor (or Application Ident	ifier):			17548 U.S 10/7728
Liang-Sheng Liao, et al				1754
Enclosed are:				
1. X Specification			gnment of the invention	n to
2. 3 Sheet(s) of drawing(s)			man Kodak Company ified copy of a priority	
	4= 000	٠		
3. X Information Disclosure Statement Under 1.97.	er 37 CFR	8. Asso	ociate Power of Attorne	y
4. Combined Declaration for Patent Application	and Power of A	ttorney:		
4a. X New4b. Copy from a prior application (3°	7 CFR 1.63(d) (f	for continuation/div	visional with Box 11 co	ompleted)
5. Incorporation by Reference (useable if	Box 4h is	9. Dele	etion of Inventor(s).	
checked) The entire disclosure of the prior applicat			t attached deleting inve	ntor(s) named
which a copy of the oath or declaration is supplied u	ınder Box 4b,	in the prior appli	ication, see 37 CFR 1.6	
is considered as being part of the disclosure of the accompanying 1.33(b).				
application and is hereby incorporated by reference 10. If a 111A application prior to examination		dentified application	on, amend the specificat	tion at Page 1.
10. If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:				
CROSS REFERENCE TO RELATED APPLICATION				
Reference is made to and priority claimed from U.S. Provisional Application Serial No., filed, entitled.				
If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:				
11. Continuation Divisional Continuation-in-part (CIP) of prior application No:				
12. X Please address all written communication	ns to Pamela R. C	Crocker, Patent Le	gal Staff,	
Eastman Kodak Company, 343 State Stre				
Please Direct all telephone calls to Raym	ond L. Owens at	t 585-477-4653.		
The filing fee has been calculated as shown below: FOR: NO. FILED	NO. EXTRA	RATE	FEE	
BASIC FEE	NO. EXTRA	RATE	\$ 770	
TOTAL CLAIMS 22 - 20 =	2	x 18 =	\$ 36	
INDEPENDENT CLAIMS 1 - 3 =	-2	x 86 =	\$0	
MULTIPLE DEPENDENT CLAIM PRESEN	TED	+ 290 TOTAL	\$ 0 \$ 806	
		TOTAL	\$ 900	
X Please charge my Eastman Kodak Company Deposit Account No. <u>05-0225</u> in the amount of \$ 806				
A duplicate copy of this sheet is enclosed				
The Commissioner is hereby authorized to charge any additional filing fees required under 37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. <u>05-0225</u> .				
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1.1164				
Raymond I. Owens/das	UM.	nev for Applica	nta	
NAVIDORO I. LIWENS/038	ALTIOPP	ICV IOT AMMIN'S	IIIS	

Raymond L. Owens/das Telephone: 585-477-4653 Facsimile: 585-477-4646 Attorney for Applicants Registration No. 22,363